

MENTAL HEALTH POLICY AND THE WELFARE STATE

**A study on how Sweden, France and England have addressed a target group
at the margins**

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English text, with Swedish summary.

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Abstract

Since a few decades, mental hospitals are no longer seen as the proper solution to mental ill-health. Instead, contemporary mental health policies of the Western world are described as being focused on 'community care', i.e. on supporting people into an independent life outside the hospital. This dissertation aims at investigating how the target group is supported in Sweden, France and England – three countries that are often theoretically treated as different types of welfare states.

Five areas of support are studied: medical care, financial support, occupation, housing and personal support. These areas are analysed through questions of entitlement, charge and benefit levels, attainability, access, provision and administration. Are policies designed in different ways depending on national context? Are the policies thereby following different logics? According to welfare theories, these nations should be expected to follow different paths, but there is also a theoretical uncertainty about where the borders of difference are found as mental health policy in this interpretation contains health as well as social care, transfers as well as services and as people with mental disorders and disabilities could be expected not to benefit from a temporary, but more or less permanent support. The welfare literature has also pointed at the fact that the fragmentation of the welfare system may affect the outcome of policies in terms of attainability as it opens for possibilities of obstructing implementation. Hence, on the one hand the thesis aims at filling an empirical gap. On the other hand it strives at contributing to the theoretical discussion on how welfare policies in general could and should be studied.

The results reveal a great variation of transfers and services in all three countries. National differences are present, but the internal mix within each country is too divergent to form any national model. This is partly due to the fact that many services are local government responsibilities, which leads to particular solutions, but also to the fact that even when they constitute national responsibilities, many services comprehend a number of programmes following different designs. In sum, numerous solutions are in place in the three countries, and they are often universal to their character. However, they seem to reach few users in view of the size of the expected target group, leading to a situation where the major part of this group still represents marginalised members of society.

The final chapter is concentrated on a discussion on how to study and categorise welfare policies and systems. It is suggested that more attention should be paid to the different types of policies that the welfare systems contain, but also to what target groups that are focused. The 'welfare state' is an illusionary concept, hiding the complexity both of providers, administrators and programmes and this plurality needs further theoretical attention in order to suggest where the national (or local) borders of divergence are to be found. Furthermore, it is argued that more interest should be directed to how target group constructions and power positions are mirrored in the policy outcome.

Keywords

Welfare regimes, welfare policy, social care, mental health, target group, institutional fragmentation, Sweden, France, England.